



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name MARION PIZZA HUT	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 2-28-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 939 N Baldwin Ave Marion	Owner (662-2701)	Follow-up NO	Release Date 10 days
Owner PERU PIZZA Co Inc	Purpose: 1. Routine	Summary of Violations: C___ NC___ R___	
Owner's Address 9313 34th St KS	2. Follow-up	Menu Type (See back of page) 1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___	
Person in Charge BRANDON	3. Complaint		
Responsible Person's E-mail _____	4. Pre-Operational		
Certified Food Handler Laura ToboKa Exp 11/9/2022	5. Temporary		
	6. HACCP		
	7. Other (list)		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS	

Received by (name and title printed):
CITAD WOLSTEN

Inspected by (name and title printed):
Scott Kirkendall/Deputy Small

Received by (signature):
[Signature]

Inspected by (signature):
[Signature]

cc:

cc:

cc: